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# The Latin American Experience in Applying Social Psychology to Community Change

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*Chapter 13*

*The Latin American Experience  
in Applying Social Psychology  
to Community Change*

*Gerardo Marin*

**Introduction**

Social psychology in Latin America is basically the product of the last 10–12 years. During this short period of existence, three basic trends can be identified (Escovar, 1981). The first trend includes ‘basic’ research: experimental and field studies following theoretically relevant questions. A second trend includes approaches interested in applying social psychological principles to the solution of a given problem. Here the work of Varela (1971, 1975) is of utmost relevance where psychological principles from different theoretical traditions are used in concert in order to change behaviour. Finally, there is a very recent trend that hopes to utilize social psychological findings in producing social change. Due to its recent beginnings, there are few written sources that describe the experiences of social psychologists in this new area, labelled social psychology for development by some (e.g. Escovar, 1981) or community social psychology by others (e.g. Marin, 1978; Serrano, 1983).

The last two developments in Latin American social psychology (Varela’s social technology and community social psychology) are basically the product of constant requests for solutions to the problems faced by Third World countries. While countries of the First World were able for many years to concentrate on the developments of a basic science, developing countries demand of their social psychologists practical, immediate solutions to the problems they face. This is why Latin American social psychologists have concentrated on practical issues and applications of their science. Latin American social psychologists have also been subjected to the crisis in the field that was so prevalent in US social psychology in the late 1960s and which slowly filtered down to Latin America (Rodrigues, 1976).

Based then in part on the need for developing an applied social psychology and on the developments in community psychology of the 1960s and 1970s, many Latin American social psychologists have begun to concern themselves with the contributions which social psychological knowledge can make to the development of their communities and to the solution of a variety of social problems. The massiveness of the issues facing Third World countries and the inherent limitations of national and international aid programmes have made salient the need to involve the residents of a given community as active social 'planners' and 'changers'. These efforts at getting a community involved in planning and carrying out a planned change strategy based on social psychological principles are at the heart of what Latin Americans are defining as community social psychology (Marin, 1980). What is involved here is the utilization of social psychology, other social and behavioural sciences, and other areas of psychology in an effort where the psychologists in the role of 'experts' and the community in the role of 'activists' devise and carry out a plan for social change. This plan is, of course, directed at improving the social, environmental, economic, educational, and sometimes political conditions of a given community.

In a sense, community social psychology, as it is being developed in Latin America, is a multidisciplinary approach to the solution of social problems. It incorporates, for example, such basic principles of sociological community development as the need to involve the largest possible number of community members in the identification and solution of the community's problems. Both community psychology and social psychology also share a concern for creating conditions that will allow community groups to work together in a cooperative fashion while solving the different problems facing the community. From the methodologies of programme evaluation and evaluation research, community social psychology incorporates procedures to identify the problem to be solved (needs assessment), for evaluating the effects of the change strategy (outcome evaluation), and for continuously evaluating the change process (process evaluation). Furthermore, from community psychology and from social psychology, efforts in community social psychology make use of intervention strategies and allied scientific principles derived from more than 100 years of research. For example, attitude change procedures and knowledge about small group behaviour becomes important in implementing certain change strategies where information is to be disseminated in order to change behaviours.

Although community social psychology and community psychology share many of their methodologies and concerns, the activities of various Latin America social psychologists are beginning to clarify the differences between the two. An essential difference seems to be one of orientation. Community psychology has its historical roots deeply embedded in clinical concerns (e.g. Iscoe and Spielberger, 1977; Jasons, 1977) and its primary interest is to prevent or solve behavioural and psychological problems of an individual or group

of individuals. Community psychology then follows either the medical model of action (Rappaport *et al.*, 1975), where the responsibility for the problem is placed on the individual or patient ('victim blaming' as Ryan, 1976, has called it), or the social action model where the solution of a social or community problem is characterized by bringing into the community certain resources from outside (e.g. government aid, service organizations, educational extension programmes) that are expected to solve the problem. In this fashion, low rates of health care utilization are defined as being due to characteristics of the individual (laziness, poor education, carelessness), with solutions to the problem being based on outside efforts (obtaining governmental aid to open more health delivery services, having a university design an educational programme for the schools, or having organizations such as the Red Cross make visits to the community with movies and pamphlets describing the consequences of improper health care). While these approaches are at first very appealing, their basic flaw is that the problem is defined from outside, and the solution to the problem is likewise imported into the community. It is usually a group of outsiders (university researchers, government experts, or community workers) who identify the problem to be solved *and* who then decide how to solve it. The community is seldom if ever consulted on their perceptions of the problem, and there is little knowledge as to how they would react to the intervention strategy. Furthermore, since the change procedures are imposed from without, the community members have little if any involvement and personal commitment in carrying out the change plan and, what is even more important, in continuing the intervention strategy beyond its initial stages.

As an alternative to the medical and social action models, the activities of Latin American community social psychologists have followed a model of 'cultural amplification' (Rappaport *et al.*, 1975), where the definition of the problem and the carrying out of the change strategy is based on the community's resources and capabilities. In this fashion, the role of the social psychologist has been to bring out those resources available in the community so that they can contribute their knowledge to the planning stages of the strategy and, while 'giving psychology away' can instruct community members on how to implement change. Many Latin American social psychologists have become social catalysts in the process of changing social structures (Newbrough, 1979), making science lose some of its mythical characteristics and at the same time enriching and empowering the community (Berger and Neuhaus, 1977).

Given the newness of the efforts of Latin American social psychologists in the area of community change, there are very few publications that describe completed programmes. For the most part, available publications deal primarily with the theoretical background of an intervention (Brea and Correa, 1979) or with its initial steps (e.g. Irrizarry and Serrano, 1979; Quintanilla, 1980; Serrano, 1981). Nevertheless, the programmes have dealt with issues such as garbage collection, adult education, election of tribal leaders among Indian

communities, etc. Through articles, communications at congresses, and personal correspondence, the various experiences in the applications of social psychology to community problems are beginning to emerge. This chapter tries to describe and extract the experiences of some of these programmes. The remaining remarks are based primarily on the work of Leonte Brea and Eduardo Correa among Mexico City's urban poor, Lourdes Quintanilla's work with a government-created low income neighbourhood in Saltillo, Mexico; Irma Serrano's work among the poor in Puerto Rico; and, Nelson Serrano's work among members of an Indian tribe in Ecuador. While the communities are quite different from one another, they all shared similar problems and some of the approaches have been rather similar.

Most of the experiences and concerns of Latin American social psychologists interested in community work have been comparable:

(1) *An initial preoccupation with ways of entering the community that has been targeted for study.* This can vary from Brea and Correa's preoccupation with ways in which 10–15 university students could enter a lower class community outside Mexico City, to Nelson Serrano's need to gain the trust of two warring factions in a basically primitive Indian community faced with selecting a new tribal chief.

(2) *A concern with ways of choosing the problem to be dealt with,* which has included the use of community surveys as in the case of Puerto Rico (Irrizarry and Serrano, 1979), open ended interviews (Quintanilla, 1980) which try to identify a problem perceived as important by the community as well as the choice of a problem previously identified by the psychologists as an important one, as in the case of Santi *et al.* (1978) in Venezuela.

(3) *The design of the intervention to be carried out,* which includes a choice of a theoretical framework (or a mixture as proposed by Varela's social technology), deciding on the psychologist's role (an expert, a member of the community), and ways in which resistance to change could be dealt with.

(4) *Procedures to evaluate the effects of the intervention* in order to introduce changes in the strategy while it is being implemented or to find out if the change procedure was effective.

The rest of this chapter is dedicated to reviewing the Latin American experiences in terms of these four concerns.

### **Entering the Community**

The initial concern of all community social change efforts has been with finding the appropriate way of entering the community to be worked with. In general, two situations can be found. The first is one in which the psychologist decides to work with a community although there has been no previous contact with

any member from that community, and the other is where one or more members from the community approach the psychologists and ask them to work with the community.

Obviously, the easiest way to enter a community is when the initial contact has been made by a member of a group in the community. This usually takes place when a community leader or a group invites the social psychologist to come to the community to do consulting work, to conduct research, or to serve in some other capacity. This is usually the case when the social psychologist has achieved enough prestige for the community members to want the psychologist to work with them. In many instances the requests are presented in the form of providing services (e.g. serving on the board of directors of a community organization), helping to solve a community problem (e.g. a physician who is asked to provide services to community members), or of conducting needed research (e.g. carrying out an archival study of patients at a community clinic). Once the service is provided it is usually easier for the social psychologist to expand initial services and to begin the process of social change.

The request for services implies, of course, that these are provided and that the community member who made the initial request was satisfied with the quality and extent of the services provided. It is essential that from the beginning both parties have very clear ideas of what is expected, of the limitations of the services that can be provided, and of the social psychologist's interest in the community. A well provided service can open innumerable doors, especially when the social psychologist can become a bridge between the community and the outside world. (This is usually accomplished through the social psychologist's knowledge of government institutions that may be called upon to provide funds for community development or development programmes, requirements, and formats expected of proposals for service and research funding, etc.)

When there is no previous contact with the community, the task of entering the community becomes more delicate and laborious. The Latin American experiences have, for the most part, utilized one of three approaches as ways of entering the community: household surveys, community analyses, and the provision of services (or 'entry fronts').

*Household surveys* have been utilized with some frequency as a way of making contact with community residents and of gaining some acceptance for the presence of outsiders in the community. This method was utilized by Quintanilla (1980) in a poor community of Saltillo, Mexico in order to make the presence of a team of psychologists felt in the community and at the same time to dispel any misconceptions that might have been created by their presence. The community was divided into small areas, and a group of psychologists (usually two to an area) was assigned to carry out the interviews. Each group identified itself as psychologists connected with one of the local universities, explained their purpose for being in the community, and proceeded to carry out a semistructured interview that tapped current living conditions and community

problems as perceived by the respondents. This survey provided for the identification of community problems in terms of their importance for the members of the community and also permitted an evaluation of community strengths (e.g. identifying leadership abilities among community members or skills that could be used in the change intervention; the description of information networks, etc.) The survey also allowed the community members to meet the psychologists through informal interactions and to dispel some of the initial discomfort that occurs when there are differences in social status and educational level between the members of an interacting dyad. An advantage of carrying out surveys as a way of entering the community is that much of the information needed in the identification of the problem will already have been collected when it becomes necessary.

*Entry fronts* is the generic label utilized by various individuals to denote a service that is provided to a community as an initial step in gaining access to community members. These services can vary from psychological consultation (Ray *et al.*, 1980a) to literacy programmes (Brea and Correa, 1979). The usual procedure consists of offering a variety of services that utilize the team of psychologists or their students as providers. In their experiences outside Mexico City, Brea and Correa have planned various entry fronts where psychology students organize and carry out literacy programmes for children and adults, sewing classes, health programmes, environmental activities such as cleaning garbage from public ways, and printing of a community newspaper.

In their project in Guadalajara, Mexico, the team of psychologists headed by Ray and Ortiz (Ray *et al.*, 1980a,b) provided clinical services to the community as an initial 'entry front'. Through their contact with the members of the community, the efforts to disseminate information regarding the psychological services being offered and the information gained from talking to established community leaders (priests, political party representatives), a group of 'possible community leaders' was identified. These individuals were then invited to participate in a leadership training programme at which the psychologists provided theoretical and practical information on leadership. In this fashion social change would be born from within the community and be maintained by the members of the community who had received their leadership training. A similar process is that being implemented throughout Latin America by the Catholic church with its 'basic communities' ('*comunidades de base*') where possible community leaders are being identified (outstanding individuals with prestige and the respect of the community) who become a cohesive group through shared meetings and experiences and who by modelling and direct action are expected to change their community. While these models of social change by imitation are for the most part lacking an evaluation, they seemed to have been successful in the 1960s in Latin America when the Catholic church proceeded to promote the development of cooperatives among the poor rural peasants. It is also the basis for such movements as Marriage Encounter



International (originally developed in Spain) where cohesive groups of 'model' couples are expected not only to better their personal relationship but also to influence the community by their example and direct prodding of other couples to join the movement. During the intensive weekend the couples are provided with examples from three other couples who deal appropriately with their problems through the interpersonal skills promoted by the movement. The sense of community developed during the weekend as well as simple sources of support (the movement's symbol, one-ring telephone calls, newsletters) are supposed to reinforce the use of the skills learned during the weekend and to remind group members of their role as community models.

It is expected that an entry front will serve purposes similar to those mentioned above for household surveys and that when the services being provided are deemed necessary by the community, the members of the community will take it upon themselves to carry out the activities. Unfortunately, this has not been the case in all of the instances in which Brea and Correa have been involved. Probably because the group of students changes every four months and because their community work is compulsory (therefore producing variations in commitment), many of the activities have not gone beyond the initial stages. An additional problem, of course, is that desertion and lack of interest on the part of some community members makes it very difficult to maintain high levels of participation. It is not uncommon, for example, towards the ends of a given quarter, to find literacy classes reduced to one or two individuals who, although properly motivated to learn, may not necessarily represent the number of community members that the researchers expected to reach. It is also true that in many instances the fact that the community leaders know that the services are being offered is often enough to obtain their cooperation in social change programmes. So although the services may not be that effective at the beginning in terms of the number of individuals served, the purpose for their being offered will be satisfied.

It is very important to distinguish what the character of the entry fronts should be in comparison with social action programmes. Although entry fronts have characteristics that are very similar to usual social action programmes, it is expected that the community will assume responsibility for the programme as soon as possible. In this case, it is the community that will become responsible for the programme, will staff it, and will guarantee the programme's life. In the case of the typical social action programme, the community simply receives as much as the outsiders are willing to give; once the service providers leave, the services end. There are obviously exceptions to the above cases. In many instances, Brea and Correa have seen an entry front fail because of the lack of involvement on the part of the members of the community. At the same time, some social action programmes are taken over by the community and made to function well after the original service providers have left. At a clinic where the author has been carrying out research among Mexican immigrants to the



United States, what initially was a social action programme on the part of Chicano medical students has now become a significant low cost service agency for the community.

A third means for gaining access to the community is what could be labelled *community analysis*. This procedure is based on the procedures used by anthropologists to write a community's ethnography and it implies that the psychologist must become thoroughly familiar with the community by researching its history, attitudes, cultural characteristics, mores, socio-demographic aspects, and other features. This knowledge is usually obtained through sources outside the community (e.g. newspapers, libraries, government files, and archives). This knowledge is expected to make the initial contacts with the community easier since the research will produce a list of leaders, key informants, information gatekeepers, and others who must be contacted in order to gain access to the rest of the community. Community analyses have been used to a greater extent in Puerto Rico by Irrizary and Serrano (1979) and seem to have produced the intended effects.

Although each of the three methods of gaining access to the community involves different activities, the expected product is the same: obtaining access to community members and their leaders. It is possible, and theoretically interesting, that a combination of two or all of the above methods may provide an easier access to the community, although data is sparse here.

### **Identifying the Problem**

Once the social psychologists have entered the community and have begun to gain access to members of the community, the step that follows in community change programmes is usually directed at identifying the problem that will be addressed. In some cases, the community social psychologist has been faced with the fact that the individuals who asked him or her to work with the community already have an idea as to the problem that should be solved. In other instances the number of problems is such that a choice must be made. A central concern of course is the identification of a problem that is perceived as important not only by the social psychologists but also by a sufficiently large number of residents of the community. Failure to take into consideration the feelings of a large segment of the community as to the significance of the problem may result in almost certain failure for the programme.

This step of identifying the problem to be solved is one in which social psychologists feel very much at home. Due to their traditional training in experimental and survey methodologies, social psychologists are well prepared to help the community identify the problem that the majority of community members perceive as most significant. These strategies usually take the form of diagnostic research (Hornstein, 1975), where the object is to study a group,

institution, or community in order to find the causes and possible actions that can be taken in order to solve it.

The usual procedure followed by social psychologists in Latin America has been to carry out interviews or to apply surveys to members of the community in question. These instruments usually provide a detailed description of the community's characteristics (mean age, socioeconomic status, rates of unemployment, etc.) and pinpoint problems a community considers of importance. In experiences with Hispanics in the Los Angeles area, we have found, for example, that there is great consensus among respondents when asked to identify the most significant problems in their community. The same has been true of cases in Latin America (Santi *et al.*, 1978) when respondents have been asked to rank order the perceived importance of a variety of community problems. These of course, are well known methods for carrying out needs assessment research.

Other social psychologists, notably Irrizarry and Serrano (1979), have argued that the identification of the problem should be done through the use of multiple data sources. Here, the social psychologists are expected to use interviews and/or surveys of a community sample together with interviews of key informants (community leaders, priests, physicians, community workers, government officials), an analysis of social indicators (census data, marriage and birth records, official historical archives), and meetings with certain minority groups. Through all these methods, it is expected that the social psychologist would be gathering information on problems faced by the community and their perceived importance and, at the same time, making a census of resources present in the community that later may be utilized in developing change strategies. Furthermore, following the ideas of Freire (1974), the information collected should be fed back to the community and the individuals interviewed in order to create a process of consciousness-raising where community leaders become aware of the problems, of the consensus that exists in the community regarding the importance of these problems, and of the need to do something about them. The end effect is to create a commitment among the members of the community to a change strategy that will maintain the intervention for as long a period of time as is necessary.

### **Designing the Intervention**

Once enough information has been gathered on the problems facing the community, the social psychologists can then move to plan the intervention strategy. Here, as in all change plans, there is a need for thorough knowledge of research findings, not only in social psychology but also in sociology, anthropology, and most of the other social and behavioural sciences. Being able to design an intervention strategy, then, requires not only interdisciplinary interests but also the ability to use different theoretical traditions. As Varela

has often argued (e.g. Varela, 1975), the social scientist designing an intervention plan must act like an engineer, taking the findings of other scientists into consideration in order to propose action plans that include hypotheses derived from different theoretical traditions. In most cases, Latin American social psychologists have found that there is no all-purpose theory in social psychology; they must therefore be creative; they must free themselves from theoretical constraints and take from a given theory those aspects that seem to apply to the problem. This situation of theoretical eclecticism is usually very uncomfortable to most social psychologists and behavioural scientists, but as Varela suggests, the concern is with actual technology—applying scientific knowledge, where theoretical alliances are less important than in the laboratory. If we are to take Varela's work as a test of this position, we can then find ample support for theoretical eclecticism in applied settings (Varela, 1971, 1975).

What is expected of the community social psychologist at this step is the design of an intervention strategy derived from the knowledge gathered through research in the social and behavioural sciences. This strategy will then be implemented by the community. While this role may appear fairly simple, experiences of various community social psychologists in Latin America show that it is a very difficult role to fulfil. Usually the problem is centred on who should implement the change strategy and who should take leadership positions.

In many instances, community social psychologists have found themselves taking a very active part, if not the most active part, in the implementation of the change strategy. This was true, for example, of the experiences of Santi *et al.* (1978) in Venezuela, where the community expected the social psychologists to lead discussion sessions, to write and meet with government officials, to develop ideas on community projects, and to organize community resources in order to carry out the change plans. Because of passivity or deference on the part of the community leaders, many community social psychologists have found themselves thrown into the role of community leaders only to find that later, in the implementation of the programme, they are left alone by the community. The usual result of social psychologists adopting the role of community leaders is that community members lose interest in the project or start to perceive it as the psychologists' project and not a part of the community's activities.

Many individuals have argued that the role social psychologists should take is one of expert and not of community leader. Community social psychologists are expected to be able to work with the community but not to become part of the community (Calello, 1976; Marin, 1978; Silverman, 1978). This role-definition may at first sound somewhat unrealistic, but it is based, as Silverman argues, on solid psychological principles. As 'outsiders', community social psychologists will feel able to move within the community and to exchange views with different community groups and segments without being perceived as belonging to one of them. Furthermore, they are able to perceive reality and

to evaluate community processes in a more objective manner than if they form part of the community. Being free of in-group expectancies, the perceptions and ideas expressed by the social psychologists may be accepted more easily.

But the problems in designing an intervention strategy do not stop with the definition of the role that community social psychologists should play. Planned change literature is full of instances in which a variety of problems have interfered in the planning and implementation of a change strategy. Other than the more common problems of extending an innovation (Rogers and Svenning, 1969) and resistance to change, other important problems must be taken into consideration when designing an intervention. One initial concern is with poorly defined objectives. In some community projects, the decision to change is made 'for the sake of change', without careful study of the problem and the alternatives. Poorly defined objectives create ambiguity and in the end produce either no change or resentment. Studies such as that of Coch and French (1948) have shown the need to explain the objectives of the change strategy and of making certain that everybody understands them.

Another common problem encountered at this stage is what has been called by some writers a 'rationalistic perception'. What this refers to is the assumption made by many change agents that all that is needed to produce change is to provide community members with information. For example, if there is a need to vaccinate children, the assumption is made that all that is required is to inform mothers of the advantages and disadvantages of vaccination. Similarly, many birth control programmes have been based on the assumption that all that is required for individuals to adopt birth control practices is to provide them with information on contraceptive methods. What these strategies fail to consider of course is the individual characteristics (personality, attitudes, behavioural expectancies, norms, cultural values, mores) that directly influence the behaviours in question. Information on birth control methods may be important in producing contraceptive behaviours, but the adoption of birth control will be tempered, among other things, by the individuals' perceptions of the value of children, their ideal number of children, their habits regarding medications, and their religious or societal norms about contraception and large families. The assumption that information by itself produces change is therefore a very myopic perception of social change.

A similar problem in the design of a change strategy is undue emphasis on the individual while forgetting the role of the social environment in reinforcing a given behaviour. This problem usually takes the form of programmes being directed at changing the individual's characteristics without dealing with social/kin networks or cultural beliefs that reinforce the behaviour or attitude that needs to be changed. Examples of these problems are abundant in the literature (e.g. efforts in Latin America to have individuals adopt a given birth control method that is associated with negative social conditions and prostitution such as condoms, or that do not consider the effects of social sanctions within

informal social networks, such as the use of condoms by young males). In a change programme it is important to be aware of the effect of the social environment on the behaviours that will be changed and on those behaviours that will replace them.

The final problem usually encountered in the design or implementation of a change strategy is resistance to change. Much has been written about this problem, usually in sources that are very accessible (e.g. Rogers and Svenning, 1969). For this reason, this chapter will only mention a few of the more common types of change barriers. These barriers to change can be characterized as cultural beliefs that run contrary to the new behaviour (such as nutritional programmes that try to change eating habits by introducing foods like soy that are considered to be fit only for animals); cultural ethnocentrism that rejects change strategies because they are based on research findings obtained in a different culture (frequent in Latin America where psychology is perceived to be based only on findings obtained among residents of the United States and therefore limited in their generalizability); group solidarity that may be threatened by changes in the social organization of the community (for example when new groups are created as part of the intervention), perceived threats to current leadership structures (as when power is being redistributed or influential groups are created), and psychological barriers such as selective perception, overstimulation, and personality factors (e.g. dogmatism, fatalism, need achievement, ambiguity tolerance, etc.).

### **Evaluating the Intervention Strategy**

One final concern of Latin American social psychologists working in the field of community change has been with an evaluation of the effects of the intervention strategy. Due to their training, social psychologists usually feel at home in devising and carrying out an evaluation. Issues that become important include an awareness of the types of data needed, a sensitivity to the limitations of the various data collection procedures, and a clear idea of the uses one can make of the data.

In terms of evaluating an intervention, the need is recognized in the literature for carrying out an evaluation of the implementation of the intervention (process evaluation) and of the results of the change strategy (outcome evaluation). Through the process evaluation, the social psychologist evaluates whether the change strategy was actually carried out in the way it was designed and the extent to which changes or modifications were introduced. This type of evaluation is essential in order to ascertain whether the results found through an outcome evaluation can be ascribed to the intervention as planned or to changes that were introduced in the implementation process.

Outcome evaluations, on the other hand, allow the social psychologist to make statements regarding the usefulness of the intervention strategy in solving the

problem initially identified. This evaluation is important not only in order to make valid conclusions regarding the usefulness of the change plan, but also because it permits the exporting of the intervention to other communities with similar problems. The knowledge gathered through process and outcome evaluations allows the creation of a body of tested interventions that can serve as models for future change plans.

In carrying out the data collection strategies for the evaluation procedures, Latin American social psychologists have made use of psychology students (e.g. Ray *et al.*, 1980b) or of members of the community (e.g. Quintanilla, 1980). In the first case, the contact with the community and the experience with the application of social psychology have served as important formative steps for future social psychologists. The utilization of community members in carrying out the data collection is an interesting alternative that may produce greater commitment to the change plan on the part of some community members and may at the same time provide some important training for the individual in question. Unfortunately some serious consequences may also occur as when data or information is withheld from the community interviewer due to fears of the uses of the interviewer may make of the information.

### **Concluding Remark**

The chapter has presented in a summarized way the experiences that social psychologists in Latin America have had when trying to apply their knowledge to the process of social change. As noted at the beginning, most of the experiences are extremely new and there are few if any published accounts of the results. Nevertheless, the experiences as recounted here are important since they provide a look at Third World psychologists dealing with problems germane to their nations by utilizing principles derived from the international literature in social psychology. While their approaches will be tempered by time, the experiences are varied enough to deserve serious consideration on the part of social psychologists. It is only unfortunate that these experiences are not sufficiently mature to be recounted here with data on their effects.

Two assumptions are central to the information presented in this chapter. One is that social psychology does have a lot to offer to the solution of social problems. Although for many years social psychologists have been undergoing a crisis of confidence about the relevance of social psychology, Latin American social psychologists argue that much of the knowledge obtained through 100 years of research is useful in the design of intervention strategies. What is required, of course, is the creativity to see beyond the septic conditions of the laboratory under which much social psychological work was carried out in order to utilize the accumulated knowledge we now have about human beings and their interactions.



A second assumption of importance is that applied work should not be careless or uncontrolled. Applied social psychologists, like the research-oriented social psychologist, can and should make use of strict scientific procedures when carrying out their tasks. For social psychologists interested in working in the community it is essential that they follow procedures under strict scientific strictures in order to contribute to the advancement of the field and the accumulation of knowledge and to maintain the necessary conceptual control over the intervention strategy. Applied work that fails to follow methodological steps in data gathering, implementation, and evaluation of the change strategy becomes simple charity work. By scientifically documenting change and the steps that led to it, community social psychologists not only contribute to bettering the conditions of a particular group but may also influence other communities when the results of the original intervention are made known.

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